

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000004	2 PAGE # 1 of 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Antoinette B	MI
	NICKNAME Toni	LAST Lawrence	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7047 Bent Branch Dr Houston, TX 77088		
	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>RECEIVED</p> <p>OCT 26 2005</p> <p>CITY SECRETARY</p> </div>		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST George D	MI
	NICKNAME	LAST Franklow	SUFFIX Jr.
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2618 Sutton Ct Houston, TX 77027		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 10/01/2005    10/28/2005		
10 ELECTION	ELECTION DATE Month Day Year 11/08/2005	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Houston City Council, Dist. A		12 OFFICE SOUGHT (if known) Houston City Council, Dist. A
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****14 C/OH NAME** Lawrence, Antoinette B (Hon.)**15 ACCOUNT #** (Ethics Commission filers)  
00000004**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,550.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5,514.57

**CONTRIBUTION  
BALANCE**

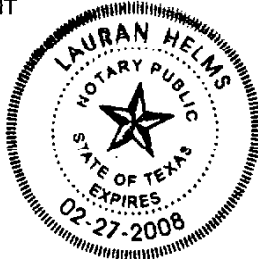
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 126,767.74

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Toni Lawrence, this the 26<sup>th</sup> day of October, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Lauran Helms

Print name of officer administering oath

Notary

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 1/2 Report: 3/8

**2** FILER NAME Lawrence, Antoinette B (Hon.)

**3** ACCOUNT # (Ethics Commission filers)

00000004

**4** Date

10/06/2005

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Associated Builders & Contractors of Greater Houston

**6** Contributor address; City; State; Zip Code

Houston, TX 77098

**7** Amount of contribution (\$)

\$1,000.00

**8** In-kind contribution description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)  
Political Action Committee

Date

10/13/2005

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Edminster, III, Truman

Contributor address; City; State; Zip Code

Houston, TX 77042

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)  
Investor

Employer (See Instructions)

Date

10/21/2005

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Kennedy, Nathelyne

Contributor address; City; State; Zip Code

Houston, TX 77081

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)  
Engineer

Employer (See Instructions)

Date

10/13/2005

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Norden, Wayne

Contributor address; City; State; Zip Code

Houston, TX 77088

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)  
Investor

Employer (See Instructions)

Date

10/13/2005

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Shipman, Sally

Contributor address; City; State; Zip Code

Houston, TX 77030

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)  
Homemaker

Employer (See Instructions)

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 2/2 Report: 4/8

**2** FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

**4** Date

10/09/2005

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Stearns, Stanley**6** Contributor address; City; State; Zip Code  
10000000000  
Houston, TX 77055**7** Amount of  
contribution (\$)

\$500.00

**8** In-kind contribution  
description (if applicable)**9** Principal occupation / Job title (See Instructions)  
Investor**10** Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 1/2 Report: 5/8

**2** FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

**4** Date

10/13/2005

**5** Payee name  
Bison Signs**6** Payee address; City; State; Zip Code  
6205 W. 34th St.  
Ste. D  
Houston, TX 77092**7** Amount  
(\$)

\$358.52

**8** Purpose of payment (See instructions regarding type of information required.)

Miscellaneous Communications

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

10/17/2005

Payee name  
Bison SignsPayee address; City; State; Zip Code  
6205 W. 34th St.  
Ste. D  
Houston, TX 77092Amount  
(\$)

\$664.08

Purpose of payment (See instructions regarding type of information required.)

Miscellaneous Communications

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

Date

10/01/2005

Payee name  
Blakemore & AssociatesPayee address; City; State; Zip Code  
3405 Edloe St  
Ste 380  
Houston, TX 77027Amount  
(\$)

\$1,500.00

Purpose of payment (See instructions regarding type of information required.)

Consulting Fees

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

Date

10/01/2005

Payee name  
Carverdale Civic ClubPayee address; City; State; Zip Code  
10126 Alfred Ln.  
Houston, TX 77041Amount  
(\$)

\$300.00

Purpose of payment (See instructions regarding type of information required.)

Public Relations:Sponsorship

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 2/2 Report: 6/8

**2** FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

**4** Date

10/06/2005

**5** Payee name

Daughters of Liberty

**7**

Amount

(\$)

\$30.00

**6** Payee address; City; State; Zip Code10670 Northbrook  
Houston, TX 77047**8** Purpose of payment (See instructions regarding type of information required.)

Public Relations:Sponsorship

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

10/03/2005

Payee name

Hall, Darren

Amount

(\$)

\$1,200.00

Payee address; City; State; Zip Code

223 Westheimer  
Houston, TX 77006

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/2 Report: 7/8**2** FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00000004

<b>4</b> Date  10/24/2005	<b>5</b> Payee name Concerned Community Involved Development, Inc. <b>6</b> Payee address; City; State; Zip Code 1740 E. ... Houston, TX 77018 <b>7</b> Purpose of expenditure Public Relations:Sponsorship	<b>8</b> Amount (\$)  \$150.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  10/11/2005	Payee name Crime Stoppers Payee address; City; State; Zip Code ... Houston, TX 77254 Purpose of expenditure Public Relations:Sponsorship	Amount (\$)  \$1,020.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  10/22/2005	Payee name J.R. Bar-B-Que Payee address; City; State; Zip Code ... Houston, TX 77092 Purpose of expenditure Public Relations:Meals	Amount (\$)  \$11.37  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  10/18/2005	Payee name Kroger Payee address; City; State; Zip Code ... Houston, TX 77080 Purpose of expenditure Officeholder:Staff Appreciation	Amount (\$)  \$8.99  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  10/10/2005	Payee name Le Peep Restaurant Payee address; City; State; Zip Code ... Houston, TX 77027 Purpose of expenditure Public Relations:Meals	Amount (\$)  \$4.22  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/2 Report: 8/8

2 FILER NAME Lawrence, Antoinette B (Hon.)

3 ACCOUNT # (Ethics Commission filers)  
00000004

4 Date 10/04/2005	5 Payee name Shipley's Donuts ..... 6 Payee address; City; State; Zip Code [REDACTED] Houston, TX 77091 7 Purpose of expenditure Officeholder: Staff Appreciation	8 Amount (\$) \$8.53  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/06/2005	Payee name St. Joseph's Hospital-Stehli Foundation ..... Payee address; City; State; Zip Code [REDACTED] Houston, TX 77002 Purpose of expenditure Public Relations: Sponsorship	Amount (\$) \$25.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/20/2005	Payee name The Shed ..... Payee address; City; State; Zip Code [REDACTED] Houston, TX 77002 Purpose of expenditure Miscellaneous Communications	Amount (\$) \$209.97  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 10/05/2005	Payee name Tony's Mexican Food ..... Payee address; City; State; Zip Code [REDACTED] Houston, TX 77008 Purpose of expenditure Public Relations: Meals	Amount (\$) \$23.89  <input checked="" type="checkbox"/> Reimbursement from political contributions intended